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May 06, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000052753

1. Corporation Name
COBBER CORP.



Principal Place of Business 5606 KING FISH DRIVE SUITE B LUTZ FL 33549	Mailing Address P.O. BOX 23024 TAMPA FL 33623-3024
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 15814 SCRIMSHAW DR Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 06/16/1997	4. FEI Number 59-3452367 Applied For <input type="checkbox"/> Not Applicable
22 City & State TAMPA FL	27 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip 33604	28 Country	29 Country	30 Country

9. Name and Address of Current Registered Agent KELLER, PAUL J 5606B KINGFISH DR LUTZ FL 33549	10. Name and Address of New Registered Agent 81 Name PAUL J KELLEY 82 Street Address (P.O. Box Number is Not Acceptable) 15814 SCRIMSHAW DR 83 84 City TAMPA FL 85 Zip Code 33604
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors, who hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Paul J Kelley** (NOTE: Registered Agent signature required when installing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KELLY, PAUL J 5606 KING FISH DRIVE LUTZ FL 33549	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PSTD Kelley, PAUL J 15814 SCRIMSHAW DR TAMPA FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KELLEY, S M 15814 SCRIMSHAW TAMPA FL 33624	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, D 13608 FRIAR PL TAMPA FL 33625	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Paul J Kelley** 813-908-0266
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)